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## The Brain Brief Vol. 2, No. 1

**February 2005**

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### Message from the Scientific Director



**Dr. Reini Quirion, Ph.D., FRSC, CQ**  
Scientific Director


The end of 2004 marked the end of my first term as Scientific Director of our Institute. It has been a great challenge and privilege to build INMHA and I could not have done so without the dedication of our Institute Advisory Board and our staff. Most of all, it is the enthusiastic participation of our partners and the support of our scientific community that we owe our success and international recognition. I am delighted to be able to continue to lead the Institute for another three-year term. As we embark on the next phase of our strategic planning, we need you - our stakeholders - to help us evaluate our activities to date and to help us shape our future directions.

The creation of CIHR and the existence of the Institutes continue to be the topic of many debates, most recently in light of the outcome of the September 2004 operating grants competition. Due to an unprecedented number of applications and rising average value per awarded grants, there were many excellent proposals that could not be funded. Not

surprisingly, the number of unfunded grants was greatest for our Institute. It is both a sign of the excellence that exists within this area of research and a great challenge in light of the limited impact INMHA can make with a strategic budget that is relatively small given its large mandate. I have made personal phone calls to all of our investigators who rated above 4.0 but were not successful in obtaining an operating grant. The intent was to try to explain the results of the competition and the challenges faced by CIHR as well as to provide encouragement and to solicit feedback. I hope every one of these researchers will resubmit their project in the next competition. I also hope that they will make the effort to approach their Members of Parliament to tell them of the importance of health research and the need for an increased investment by the federal government. In the meantime, I will continue to work with my colleagues to ensure that the Operating Grants Program remain a major priority of CIHR's support for research.

We will also do our best to establish meaningful strategic funding opportunities and partnerships with other national and international organizations. As well, we will continue to fund as many operating grants as possible

through the Priority Announcement process. The next section of this newsletter provides information on this process and lists our currently offered strategic funding opportunities. I would encourage you to check our website on a regular basis and to let us know of any other programs we should inform our community about.

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## **Current Funding Opportunities**

The following is a list of current opportunities, including several new programs. Some additional international funding partnerships are currently under development. Please check our website regularly to find out about these opportunities.

### **CIHR Operating Grants - Priority Announcement**

Priority Announcements are additional opportunities for funding support through CIHR's Open Competition. INMHA offers grants to investigators whose applications relate to the mandate of INMHA. Applicants must complete the required information to be considered for this additional funding opportunity. For complete details, please see: <http://www.cihr-irsc.gc.ca/e/19739.html#inmha>

### **Research in Addictions: Innovating Approaches in Health Research**

This Request for Applications is a partnership with 3 other Institutes (IAPH, IGH, IHDCYH), the Aboriginal Healing Foundation, the Canadian Centre on Substance Abuse, the Canadian Tobacco Control Research Initiative, Health Canada, First Nations and Inuit Health Branch and the Ontario Problem Gambling Research Centre. The RFA includes a list of eligible research areas and a variety of mechanisms of support. For the full RFA, please visit:  
<http://www.cihr-irsc.gc.ca/e/25700.html>

### **Advancing the Science to Reduce Tobacco Abuse and Nicotine Addiction**

This large and multi-partner Request for Applications was issued in 2003 with a variety of themes and funding mechanisms. Please see the Canadian Tobacco Control Research Initiative website for information on currently offered Community Based Research Grants:

<http://www.ctcri.ca/en-pages/cbr-grants.htm>

### **Early Life Events and First Episodes of Brain Disorders**

This is one of the four large Strategic Initiatives described in the INMHA Strategic Plan. The present Request for Applications is a partnership with the Institute of Human Development, Child and Youth Health. There are two mechanisms of support: 1) New Emerging Team Grants and 2) High Risk Seed Grants for one of the five eligible research areas - Stigma and Discrimination. For details on this RFA, please see: <http://www.cihr-irsc.gc.ca/e/25650.html>

### **Neuroethics**


This New Emerging Team Grant Program addresses another important area described in INMHA's Strategic Plan. "Neuroethics" is used in a broad sense that includes the full range of the inter-related areas within the ethics of brain science. For details on this RFA, please visit: <http://www.cihr-irsc.gc.ca/e/25645.html>.

### **Suicide Prevention - Targeting Aboriginal People**

Another New Emerging Team Grant Program and a re-launch of our 2004 Request for Applications, this

initiative is a partnership with the Institute of Aboriginal Peoples' Health. Information on two teams that were awarded in the last competition is provided later in this newsletter. For details on the current RFA, please see: <http://www.cihr-irsc.gc.ca/e/25527.html>

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## External Funding Opportunities

### Drug Strategy and Community Initiatives Fund

Health Canada recently launched the call for proposals (deadline February 28, 2005) for the Drug Strategy Community Initiatives Fund (DSCIF). The DSCIF supports a wide range of health promotion, prevention and harm reduction projects related to problematic substance use in Canada. For details on the funding guidelines, priorities and applications procedures in your region, or for the national office, please consult <http://www.hc-sc.gc.ca/dscif> (for English) and <http://www.hc-sc.gc.ca/ficsa> (in French).

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## Funding Announcements

### Suicide Prevention - Targeting Aboriginal People

INMHA, the Institute of Aboriginal Peoples, Health Canada, First Nations and Inuit Health Branch (FNIHB) recently announced the results of the first competition for this strategic initiative: <http://www.cihr-irsc.gc.ca/e/26431.html>. Two applications were received and both will be funded:

- Dr. Neil Anderson and team (Community Information and Epidemiological Technologies Canada/University of Ottawa): Aboriginal Community Youth Resilience Network (ACYRN): Community-led research and resources to prevent youth suicide.
- Dr. Gustavo Turecki and team (Douglas Hospital Research Centre/McGill University, Montreal): Understanding and acting on Aboriginal suicide: A new multidisciplinary research team.

### Japan-Canada Joint Health Research Program

Results for this program will be available in late February/early March. Please contact Dr. Karen Dewar at [kdewar@cihr-irsc.gc.ca](mailto:kdewar@cihr-irsc.gc.ca).

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## 3rd Annual Meeting Shaping an Important Tradition

Over 90 participants attended our 3rd Annual Meeting - "A Feast of Science and Partnership" - in Ottawa on November 26-27, including scientists, trainees and representatives from non-governmental and voluntary organizations. Following the successful format of our 2nd Annual Meeting, we brought together individuals from different disciplines to engage in dialogue on three major research topics: Epilepsy, Vision Health and Schizophrenia. A CD of the presentations is available upon request. Please contact Ramia Jabr at [ramia.jabr@douglas.mcgill.ca](mailto:ramia.jabr@douglas.mcgill.ca).

Each of the three panel discussions began with a personal account of what it is like to live with the disease or condition in question. From the feedback we received last year and again following this meeting, this is a very powerful way of explaining the many challenges faced by patients and their families. It emphasized the

importance of one of our Institute's research priorities - discrimination and stigma. We thank our three presenters, Peter Maitland, Anson Wu and Dounia Beukhai for their courage to participate and for their touching presentations. We have included one of these personal stories in this newsletter - that of our CIHR colleague Peter Maitland who prevailed through his struggle with epilepsy to build a career as a journalist and writer.

The panel discussions also included excellent scientific presentations as well as the perspective of one of the many important voluntary health organizations supporting Canadian research - the Foundation Fighting Blindness. The meeting also featured several INMHA supported research teams (NET and Training Awards) with themes including computational neuroscience, suicide and Post-traumatic stress disorder. Our successful BrainStar program has honored over 100 excellent young scientists to date. It was difficult selecting three awardees from our ever-growing list to tell us about their research. Fortunately the poster session allowed us to feature some additional projects.

One of the most important parts of the meeting for us is the stakeholder session. It is intended to give participants the opportunity to comment on INMHA's activities and to provide input in our future planning. Here we talked about some of our partnership activities and appreciated the impromptu presentations from Inez Jabalpurwala of Neuroscience Canada, Judy Hills of the Canadian Psychiatric Research Foundation and Joan Montgomery of the Schizophrenia Society of Canada. The stakeholder session is an area where we can and will continue to improve on as it is essential for us to have this dialogue and feedback. We also want to encourage interactions between participants and the various organizations.

The meeting also included a dinner and two award presentations. Also recognized were four very special members of our Institute Advisory Board who have completed their mandates - Dr. Gordon DuVal, Dr. Michel Maziade, Dr. Peter Scholefield and Dr. Stan Kutcher. The BrainStar of the Year Award went to Dr. Jeffrey Coull at McGill University for his article on the mechanism of neuropathic pain, published in *Nature* in 2003. The 2004 Partnership Award went to the Canadian Tobacco Control Research Initiative and was accepted by Cheryl Robertson, Chair of CTCRI's Board of Directors. The unique wooden sculpture was presented by Inez Jabalpurwala, President of NeuroScience Canada and last year's winning organization. Information on CTCRI and our joint initiatives can be found at <http://www.ctcri.ca/>.

Dinner guests were also treated to a feast for their eyes - the colorful jacket worn by Rémi Quirion. The jacket is one of the many unusual artworks that were displayed at the Mindscapes Art Exhibition in May of 2004 at the National Gallery of Canada (see November 2004 Brain Brief). It was made by Les Impatients, a Montreal-based foundation dedicated to art therapy, and presented to Rémi following the exhibition. The unusual piece of art is a very "fitting" symbol for the rich and colorful portfolio of science represented by our Institute.

As we prepare for our next Annual Meeting, we will also look at the suggestions from our survey following this event. What is most important to us is that the meeting is of value to the participants. The following are some quotes from the meeting evaluations - we feel they strongly support that this annual event be continued.

- Beginning each section with a person with the disease provided a reality check from which the medicine and science then flowed.
- What stood out during this meeting is the opportunity to meet people with different experiences on brain diseases (from patients, NGO, to researchers), which is a very positive point.
- I now have a much better understanding of why it was imperative that this Institute include all aspects of neuroscience, including mental and addiction. I was not an advocate of this model prior to this meeting.
- This was my first time attending the Institute of Neurosciences, Mental Health and Addiction annual meeting. I was very impressed with the quality of the presentations particularly the presentations by consumers; the firsthand accounts were very impressive. Also learning about the scope and activities of this Institute was very valuable for me.
- What stood out was the cooperation and interdisciplinary respect among INMHA staff, advisory board members and the different sectors represented. Very welcoming environment. INMHA is a huge broad basket of health concerns that seems to work because of Rémi Quirion's leadership. There is also an understanding that together we are stronger than the sum of our parts - an attitude that is not represented in other institutes.
- As a representative of the non-profit sector, I deeply appreciate being invited. It is invaluable to learn more about the functioning of CIHR and INMHA. It is a rare opportunity to meet leaders of the research community. INMHA is a leader in involving the volunteer sector and understands the importance of mobilizing all of our community and the strategic relevance of the Institutes.
- All grantees should have the opportunity to attend at least one of these meetings. They provide a much clearer perspective of the goals and opportunities provided by INMHA than any other medium.

Some of the suggestions made include talks that are less scientific and directed to the general audience, a special event for trainees attending for the first time, more attention to poster presentations. We would welcome any other feedback, including your suggestions for research topics that should be considered for next meeting. Some of the themes that have already been recommended are mood disorders, sleep, Parkinson Disease, neuromuscular diseases and anxiety. We look forward to hearing from you!

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## **A Personal Account of Living with Epilepsy**

### **- a presentation from our 3rd Annual Meeting**

*by Peter Maitland, CIHR Staff Writer/Editor*

As an epileptic, I must say that this condition is caught up in a lot of frustrating social stigma.

Specifically, this stigma springs out of how my doctors, family members, colleagues, partners and friends understand epilepsy and, as a result, relate to me as an individual.

As with all medical conditions, there are those who are deeply concerned with the physical well-being of the person afflicted. But there's a fine line between care, ignorance, indifference and emotional smothering. Or so I have learned.

### **Diagnosis**

When I was first diagnosed with epilepsy, my parents were determined to get the condition under control. As a six-year-old boy, I trusted them to help me find the proper solutions.

Neurologists, in the beginning, had a great bedside manner.

I was not partial to needles.

Blood samples from an epileptic are needed though to determine a balance of drug and blood levels that will 'control' the patient's condition.

After fighting with about four nurses, my neurologist drew the blood from me that first time. He told me that if I acted out again, he wouldn't be my doctor anymore. That ultimatum, coupled with a stern look from my mother, pretty much got me under control.

It took a while for my neurologist to find the right medication that would control my seizure activity. The first drug controlled seizure activity but prompted me to put on a lot of weight and gain a bit of an attitude.

While my family and doctor were nice to me along the way, my schoolmates weren't.

My teachers tried to tell children that epilepsy wasn't contagious and that I was OK. Still, it didn't stop children from thinking I was 'slow.' They tricked me into biting an eraser once, which they said was gum.

### **Growing in and out of it and Re-diagnosis**

As I grew older, I also managed to grow out of epilepsy (which is possible). There were a few years where I lived the 'normal' life of a teenager - with girlfriends, broken curfews and parties.

Once I hit my 20s, I started to experience light-headedness that was all too familiar. I visited a variety of doctors to try and resolve the problem (internists, neurologists, general practitioners). Nothing was wrong with me, according to them -- I was making it up psychologically. It wasn't until I suffered two grand-mal seizures that a



neurologist confirmed epilepsy had, in fact, returned.

When doctors tell you that you may be creating an illness psychologically, it has a tremendous impact on you, emotionally and physically. I was in a serious relationship at the time, with a great girl. But the news took a substantial chunk out of my confidence levels. I lost that girl's interest. Other women have had trouble dealing with my partial complex seizures.

Once I completed my university education, and started work as a professional freelance journalist, I didn't bother telling anybody about my condition. I always delivered the story and moved on to the next news item. However, suspension of my driver's license due to seizure activity did cripple my ability to get stories done quickly.

Since I've been a writer/editor with government, it has been necessary to tell my colleagues about my problems with epilepsy as I've suffered a few partial complex seizures on the job. My colleagues want to help me and I really appreciate their concern.

But one time, I experienced a series of seizures at the office, was sent home, and wasn't allowed to return to the office until I got permission from my neurologist (which can, and did, take some time). This is somewhat understandable, but if my colleagues had known a little more about epilepsy perhaps the worry levels wouldn't have been so high.

My choice of neurologists hasn't been the best since my second diagnosis. I returned to the same doctor I had when I was a boy, but his bedside manner suffered. He put me on a drug that caused me to gain weight and develop an attitude again. When I asked to be taken off the drug, he put me on another one called primidone. I lost 40 pounds and my disposition improved, but my neurologist declared that since I hadn't lost all of the weight I must just "like to eat." I asked for a referral to somebody else.

Every neurologist since then has asked me why I was put on primidone, an antiquated and addictive medication, in the first place. I'm not really sure how to answer that question, as I've never been to medical school. I was exhausted, another big side effect of primidone, but everything was 'controlled.'

My condition has gone from a state of 'control' to aggravation in recent years due to my extracurricular activities. I wasn't resting enough. I found myself acting, singing and dancing in amateur musical theatre productions, hosting a weekly community radio show, dating a woman in a committed relationship, working full time as a writer/editor and playing/singing with a jazz band. It was just too much.

My referral list led me to a neurologist who claimed to be a Parkinsonian specialist -- after about three visits. He, in turn, referred me to the Epilepsy Clinic at the Ottawa General Hospital.

I didn't know that this clinic existed - which made me rather angry. Was I supposed to know about it? Maybe. Were the other neurologists just trying to hold on to my business? I'm not sure.

### **Current State of Affairs**

At any rate, I'm now with a neurologist who is getting me closer towards a 'controlled' state again. He took me off of zarontin, claiming that the drug was doing absolutely nothing for me, and he also managed to get me off of the addictive primidone. My daily drug intake has decreased from 16 pills to 9 ½.

My mother and father have always been over-protective of me, given my epileptic state. It doesn't matter if I tell them that everything is OK, because they won't really believe me. This kind of protection can become smothering. They know this though, and I think they're trying to ease off.

My friends and work colleagues have taken the time to try and understand epilepsy -- and learn how deal with any of my seizures, if they may arise. Any relationships I enter into in the future will have to come with the full understanding that the condition is part of me - otherwise they won't work.

I've also scaled back on my extra-curricular activities for now.

In short, I'm trying to take better care of myself by getting the rest that I need.

I think that epilepsy produces stigma through lack of understanding. If researchers, neurologists and patients make a combined effort to inform people about epilepsy, conveying knowledge of its roots, its effects and its implications, concern surrounding the condition will be measured, contained, and just like with great medication, 'controlled.'

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## Upcoming Meetings and Events

### Conference on the Biology of Manual Therapies

This first major CIHR-NIH co-organized conference is the outcome of several discussions between our Institute and the National Centre for Complementary and Alternative Medicine (NCCAM). The event is sponsored by NCCAM and 3 other NIH Institutes, INMHA, the Institute of Musculoskeletal Health and Arthritis and CIHR International, plus support from Health Canada. The conference will take place on June 9-10, 2005 at the Natcher Conference Center of the National Institutes of Health in Bethesda, Maryland.

Manual therapies include a host of techniques that focus primarily on the structures and systems of the body, including the bones and joints, the soft tissues, and the circulatory and lymphatic systems. Examples include chiropractic and osteopathic manipulation and massage therapy. The conference will cover the underlying biology of manual therapies. Experts from the NIH and CIHR will join academic, patient advocacy, and professional organizations to assess current knowledge and identify opportunities for further research.

The conference is open to researchers, health care practitioners, patient advocates, and the public. For further information and on-line registration, please see <http://nccam.nih.gov/news/upcomingmeetings/index.htm>

### Third Annual Nanomedicine Workshop

This workshop will take place at the University of Alberta in Edmonton on March 14-15, 2005. It is co-sponsored by CIHR, NSERC's Nano Innovation Platform (NanoIP), NRC's National Institute for Nanotechnology (NINT), Alberta Heritage Foundation for Medical Research (AHFMR), and the University of Alberta.

The general theme for this year's meeting is "What's Nano about Bio?" - that is, what role do nanoscale phenomena play in our understanding or ability to manipulate biological processes. The special focus of the meeting is on the interface between living tissues and materials. The overall aim is to present bio,medical and biological issues that need a nanoscience or nanotechnology approach; to present the current state of knowledge on that interface and to present work in the materials sciences arena that purports to meet some of the biomedical or biological challenges.

As with previous meetings, this event seeks to stimulate interactions between clinical, biomedical, physical science, engineering, and social science researchers. Networking opportunities will be provided, and poster presentations are encouraged to allow participants to showcase their research projects. A preliminary program is available at: <http://www.regenerativemedicine.ca/nanomed2005/>.

Enrolment is limited - please contact Asimina Xidou by phone 613-941-0874 or by email [AXidou@cihr-irsc.gc.ca](mailto:AXidou@cihr-irsc.gc.ca) to register for the workshop as soon as possible. Due to the limited budget this year, general participants must pay their own travel and accommodation costs. To help offset these costs, there is no registration fee for the meeting and most meals will be provided for. A limited number of student travel bursaries will also be offered - please check the website for updates.


### Mental Health in the Workplace

The first annual Congress on this topic, featuring international invited speakers, posters, a round table with researchers, unions and government representatives, etc., will take place on June 2-3, 2005 at the Crowne Plaza Montreal Centre. For additional information please see <http://www.inspq.qc.ca/SanteMentaleTravail/defaultEN.asp?PE=1>.

### Co-morbidity

Co-morbidity, the last of the large strategic initiatives from INMHA's first strategic plan, will be the topic of an RFA to be launched in 2006. A planning workshop will take place at the Delta hotel in Ottawa on September 22-23, 2005. For further information please contact Barb Beckett at 613-948-4877, [bbeckett@cihr-irsc.gc.ca](mailto:bbeckett@cihr-irsc.gc.ca).

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### Other News

#### Phil Upshall Receives Ontario Psychiatric Association T. A. Sweet Award

Congratulations to our Institute Advisory Board member Phil Upshall, National Executive Director of the Mood Disorders Society of Canada. Phil has recently been chosen by the Council of the Ontario Psychiatric Association to receive the Theodore Allen Sweet Award. The award was presented at a Gala Dinner during the 8th Annual Meeting of the Ontario Psychiatric Association (OPA) in Toronto in January 2005.

The Theodore Allen Sweet Award is presented annually to individuals who have made a major contribution to the understanding of mental illness and its impact on individuals in society. In making this award, the OPA statement commented that *"the OPA was greatly heartened by Phil's efforts to speak publicly about his own experiences of the impact of mental illness, specifically, bipolar disorder. As you well know, one of the most perturbing issues facing individuals with mental illness is stigmatization. There are many deep prejudices toward those suffering from mental illness and a great deal of misunderstanding in the minds of the general public. Consequently, it is of great import when public figures share their personal experiences."*

In the past this Award has been presented to those who have spoken out and championed this cause. Previous recipients have included leaders in volunteer and community activities, people from the field of journalism and individuals who suffer from mental illness. The OPA's most recent recipients were Ron Ellis, Lt. General (Ret), Romeo Dallaire and Anne Murray. The OPA is a not-for-profit, voluntary professional association representing Ontario's Psychiatrists and which advocates on behalf of persons with mental illness.

#### Institute Advisory Board Renewal 2005

CIHR is currently recruiting for new members of its 13 Institute Advisory Boards. Interested individuals may apply on-line until March 31, 2005. Proposed members will be contacted in July. For further information, please see <http://www.cihr-irsc.gc.ca/e/18156.html>.

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### Request for News Items

Please let us know of any upcoming news-worthy research publications or other news. We would also be happy to include information on external funding opportunities or special initiatives that may be of interest to our readers.

Information should be forwarded to Astrid Eberhart at [aerberhart@cihr-irsc.gc.ca](mailto:aerberhart@cihr-irsc.gc.ca)

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